

#### Building & Fire Prevention Division RESIDENTIAL FENCE PERMIT APPLICATION

	Application No:			
	Docume	ented Construction Value: \$		
Job Address:		Historic District: Yes 🗌 No 🗌		
Parcel ID:				
<b>Plan Review Contact P</b>	erson:	Title:		
Phone:	Fax:	Email:		
	Residential F	ence Information		
<b>Type of Fence: Wood</b>	Metal PVC/Vinyl	Iron Other		
Fence Height:	Feet # Gates:	Total Linear Feet:		
Additional Information	n:			
**Fences with	a height of over 6 feet will re	equire signed & sealed structural engineering**		
	Property Ov	vner Information		
Name		Phone:		
Street:		Resident of property? :		
City, State Zip:				
	<b>Fence Contra</b>	actor Information		
Name		Phone:		
City, State Zip:				

Please Note: The Building Department does not perform site inspections on Residential Fence permits. A signed and notarized Fence Affidavit is required to be submitted along with this permit application. Please see the attached Fence Permit Submittal Guidelines.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

FBC 105.3 Shall be inscribed with the date of application and the code in effect as of that date: 5th Edition (2014) Florida Building Code

<u>NOTICE</u>: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Acceptance of permit is verification that I will notify the owner of the property of the requirements of Florida Lien Law, FS 713.

<u>OWNER'S AFFIDAVIT</u>: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner/Agent	Date	Signature of Contractor/Agent	Date	
Print Owner/Agent's Name		Print Contractor/Agent's Name		
Signature of Notary-State of Florida	Date	Signature of Notary-State of Florida	Date	
Owner/Agent is Personally I Produced ID Type of ID		Contractor/Agent is Persor Produced ID Type of II		
<u>B</u> )	ELOW IS FOR	OFFICE USE ONLY		
PLAN REVIEWAPPROVAL: PLANNING:		HISTORIC:	HISTORIC:	

Effective: August 1, 2017



# Building & Fire Prevention Division FENCE PERMIT SUBMITTAL CHECKLIST (RESIDENTIAL ONLY)

All permit application packages must be complete prior to acceptance. You must check each box to the left or indicate n/a on this submittal. A complete application package shall include the following:

### Fences must be compliant with the City Land Development Regulations, Schedule F

Fence Permit Application completed and signed. Application must include correct address and complete parcel I.D. number.		
Copy of a contract, signed by the contractor and the property owner, indicating the documented construction value (if the contractor is the applicant)		
Copy of the Business Tax Receipt (if the contractor is the applicant).		
Owner/Builder Statement/Affidavit		
Certificate of insurance indicating worker's compensation insurance coverage and naming the City of Sanford as certificate holder, or a copy of a worker's compensation exemption issued by the State of Florida (must be submitted with each application if contractor is the applicant).		
Indicate the number of linear feet, height, number of gates, and type of material on application.		
Two (2) copies of site plan indicating where the fence will be located on the property.		
Fence Affidavit, signed and notarized		

# **Repairs**

No Permit is required for Fence Repairs. A Fence Repair is qualified by one or more of the following:

- Replacing individual slats; no more than 10% of the entire fence
- Replacing a section; no more than 3 sections of the entire fence. A section is defined by the fencing material between 2 posts.
- Replacing a post; no more than 4 posts total. Posts must be placed in or directly around the removed post without encroaching on neighbor's property.
- Replacing a gate

\*\*Please contact the Building Division if you have any questions on Fence Repairs\*\*

These guidelines were compiled to assist the applicant in preparing a fence permit application and may not be complete. The applicant is required to meet all City of Sanford codes and requirements.

Effective: August 1, 2017



# RESIDENTIAL FENCE AFFIDAVIT

(6 FEET OR LESS IN HEIGHT)

PERMIT #:	ADDRESS:	
I	, HEREBY AFFIRM	THAT ALL OF THE FOREGOING
INFORMATION IS TRUE AND ACCURATE. THE PLAN. THE FENCE WILL BE NO HIGHER THAN OUT. IT IS THE HOMEOWNER'S RESPONSIBILI'BETWEEN ADJACENT HOMEOWNERS WILL BE	EFENCE WILL BE INSTALLED IN THE APPROVED LOCATION OF THE FINISHED SIDE TO VERIFY THE FENCE IS PLACED WITHIN THE PROPERTY OF THE FENCE IS PLACED WITHIN THE PROPERTY OF THE FENCE IS PLACED THAT FAILURE TO PROPERTY OF THE PRO	ON AS SHOWN ON THE APPROVED SITE OF THE FENCE IS REQUIRED TO FACE ERTY LINES AND ANY DISPUTES COPERLY FOLLOW THESE GUIDELINES
FENCE CONTRACTOR		
BY SIGNING THIS AFFIDAVIT, YOU ARE ACK STIPULATIONS AS STATED ON THIS DOCUME	KNOWLEDGING YOU HAVE MADE THE HOMEOWNER A	AWARE OF THE FENCE AFFIDAVIT
COMPANY / CONTRACTOR:		
CONTRACTOR SIGNATURE:		Date:
HOMEOWNER (OWNER/BUILDER)		
OWNER/BUILDER NAME:		-
Owner / Builder Signature:		Date:
	**PLEASE NOTE** NOT CONDUCT ANY INSPECTIONS ON RESIDEN NED AND NOTARIZED, AT THE TIME OF PERM APPROVAL FOR THE FENCE.	
STATE OF FLORIDA COUNTY	Y OF	
Sworn to and Subscribed before	me this day of 20	_ by:
	. Who is $\Box$ Personally Known to me or has $\Box$ Pro	duced (type of
identification)	as identification.	
Signature of Notary Public State of Florida	(SEAL)	
Print/Type/Stamp Name of Notary Public		

Effective: August 1, 2017